

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 13, 2003.

I. DISPUTE

Whether there should be additional reimbursement for 4 units of CPT Code 64613 for date of service May 9, 2003.

II. RATIONALE

- CPT Code 64613 for date of service 05/09/03 denied as “U – X059 – Payment is not recommended for charges related to research, experimental, or investigative service, and/or drugs or treatment which have not been approved by the Division of Workers’ Compensation or authorized by the carrier”. The insurance carrier paid \$243.00 for 1 unit and \$121.50 for the 2nd of the 6 units billed; therefore insurance carrier incorrectly denied the remaining units. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4) procedure notes supports delivery of service. Reimbursement in the amount of \$486.00 is recommended ($\$243.00 \times 50\% = \121.50×4).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 64613 in the amount of \$486.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$486.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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